

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400070004-7

SERVICES OTHER THAN PERSONAL

Bu. Vou. No.

140

U. S. Cost Reimbursable

(Department, bureau, or establishment)

Voucher prepared at (Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 636

To (Payee)

PAID BY

SAPC 3146  
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms					
		Cost				34,702.	54
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Shipped from to Weight Government B/L No. Total 34,702.54

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences

25X1A

(Sign original only)

25X1A

Date

Per

Title

Amount verified; correct for

(Signature or initials)

34,702.54

Contract No. A101

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Appro

By

Title

Contracting Officer

25X1A

SIGN  
ORIGINAL  
ONLY

†

Title

Authorized Certifying Officer

Date

25X1A

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

APPROVED:

25X1A

Paid by { Check No. dated 19 for \$ on Treasurer of the United States in favor of payee named above.  
Cash, \$, on 19 Payee (Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify is not in the name of the person signing, the name of the person signing must be given, and the approving officer will sign on the line below. Approved for \$, and necessary; otherwise the approving officer will sign on the line below.

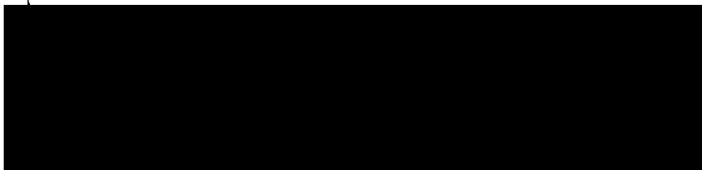
Per

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Services Other Than Personal

CONTINUATION SHEET

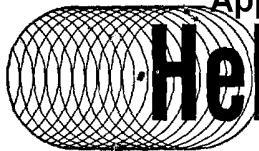
U. S. \_\_\_\_\_ Cost Reimbursable \_\_\_\_\_ Sheet No. 1 of Bureau Voucher No. 140  
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
25X1A		<u>SYSTEM II</u>					
		<u>PAYROLL</u>					
		Direct Costs properly chargeable to Contract A101 for the period 11-28-55 thru 12-4-55					
		Labor Week Ending 12-4-55				13,593.35	
						21,069.69	
						34,663.04	
		<u>OTHER COSTS</u>					
<u>ITEM#</u>	<u>CK#</u>	<u>P.O.#</u>	<u>NAME</u>				
15538		10248	Helipot Corp.		39.50		
		Total Other Costs				39.50	
		Total Labor, Overhead and Other Costs				34,702.54	

first in precision pilotometers

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ORIGINAL INVOICE

No. 1312



# Helipot

CORPORATION | A DIVISION OF BECKMAN INSTRUMENTS, INC.

916 MERIDIAN AVE., SOUTH PASADENA, CALIFORNIA

Pyramid 1-2164 • SYcamore 9-7181

I TO.

RAMO WOOLRIDGE  
8820 BELLANCA  
LOS ANGELES 45, CALIFORNIA

SHIP TO.

SAME AS  
BILL TO  
UNLESS  
OTHERWISE  
SHOWN

TERMS: NET 30 DAYS

ST. ORDER NO.	REP.	OUR ORDER NO.	DATE SHIPPED	SHIP VIA	SUBJECT TO THE RENEGOTIATION ACT OF 1951	PAR- TIAL	COM- PLETE	DATE OF INVOICE
5-10248	MAR	89716-1	11-14-55	PICKUP	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11-15-55

QTY.	DESCRIPTION	UNIT PRICE	GROSS AMOUNT	%	DISCOUNT	NET PRICE
	#50,000-A.5	17.50	17.50			17.50
	#10,000-YSZ	22.00	22.00			<u>22.00</u>
						39.50
<div>APPROVED FOR PAYMENT <u>WV</u> PRICES AND EXTENSIONS <u>BM</u> PAID <u>CH # 15538</u> ACCOUNT <u>5022-51-25-00-00</u> <u>5022-67-25-00-00</u></div>		17.50				
		22.00				
		39.50				

PLEASE PAY LAST AMOUNT IN THIS COLUMN

CAUTION: in case of apparent shortage or breakage, hold all cases and packing material. CLAIMS: have carrier's agent inspect, then notify us and we will co-operate fully toward satisfactory adjustment. Return no merchandise without our permission. Refer to above sales order number.

We hereby certify that these goods were produced in compliance with all applicable requirements of Sections 6, 7 and 12 of the Fair Labor Standards Act, as amended, and of regulations and orders of the U. S. Department of Labor issued under Sec. 14 thereof.

We certify that the above bill is correct and just, that payment therefor has not been received; that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to the transactions have been complied with; that State or local taxes are not included in the unit price.

We hereby state that the prices for the commodities herein invoiced are not above the ceiling prices for such commodities pursuant to the General Ceiling Price Regulation issued January 26, 1951, or any supplementary regulations, amendments, or orders which have been issued.

HELIPOT CORPORATION

Approved For Release 2001/07/06 : CIA-RDP84-00360R000400070004-7

NO. OF CONTAINERS

[illegible]

REMARKS:

# Communications

*B/H* Approved For

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DEL TO		REC BY:		CHECK BY:		VERIFIED BY:
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